--- DRAFT UNAPPROVED ---

# VIRGINIA BOARD OF MEDICINE
## Ad Hoc Committee on Competency

Monday, June 8, 2009 Department of Health Professions Richmond, VA

**CALL TO ORDER:** The meeting convened at 10:18 a.m.

**MEMBERS PRESENT**: Claudette Dalton, MD, Chair
Craig Hensle, MD
Madeline Stark, JD
David Swankin, JD

**MEMBERS ABSENT:** Malcolm Cothran, MD
Roderick Mathews, JD
Wayne Reynolds, DO

**STAFF PRESENT:** William L. Harp, MD, Executive Director
Colanthia Morton Opher, Operations Manager

**OTHERS PRESENT:** Mike Jurgensen, MSV
Scott Johnson, HDJN

**ROLL CALL**

**EMERGENCY EGRESS INSTRUCTIONS**

Dr. Dalton gave the Emergency Egress instructions.

**INTRODUCTION OF THE PANEL MEMBERS**

Dr. Dalton acknowledged and welcomed the new board members.

**REVIEW AND APPROVAL OF MINUTES FROM MAY 11, 2009**

Ms. Stark moved to accept the minutes as presented. The motion was seconded and carried. The meeting's agenda was also accepted.

**BUSINESS**

For the benefit of the new committee members, Dr. Harp gave a quick synopsis of how the Committee arrived at its current position beginning with FSMB's Summit on

Physician Competency, the Board's 2006 Ad Hoc Committee's desire to address initial and continuing competency, and now the reconstitution of the Committee by Dr. Dalton.

Dr. Dalton then provided the Committee with her take on the national perspective. She advised that FSMB's Maintenance of Licensure (MOL) movement was underway. She stated that FMSB has encouraged states to take the responsibility of addressing the issue of continuing competency.

Dr. Dalton informed the Committee that the ABMS has had much discussion in regards to the Maintenance of Certification (MOC) and is pushing to have certification required every 2-5 instead of every 5-10 years. She stated that although boards have the maintenance of certification framework, it is thought by some that the process does not capture a physician's competency. On the local level, hospital credentialing may serve as an assessment tool, but no specific approach for measuring competency exists at the state level.

Mr. Swankin asked for clarification on the shift in emphasis between the April and May meetings; the issues of initial and continuing competency received brief discussion. The recommendation from the May meeting was reiterated: **Applicants for initial licensure must complete and ACGME/AOA approved residency in the specialty in which the applicant intends to practice, and also that the applicant be "board eligible" as a result of the completion of the residency.** Dr. Dalton explained the reasoning behind the recommendation made on May 11, 2009 and advised that the goal of this meeting was to develop proposed changes to the current laws and regulations that would establish additional competency requirements for initial licensure in the Commonwealth.

Concerns were voiced in regards to the need to address initial competency, and the possible restrictions that this requirement would have on physicians in residency training programs. Some Committee members underscored the importance of addressing continuing competency, as doing so would affect the bulk of the practitioner population, and support the vision of public protection.

Dr. Dalton then referred to the letter submitted from the Medical Society of Virginia (MSV) regarding the Committee's motion. She stated that it appeared to imply support for resident physicians in training programs to be able to obtain a full license to practice after one year of residency. Mr. Jurgensen replied that the letter was not intended to be read as support at this time, but rather as presenting a snapshot of the comments and concerns from various stakeholders.

Some of the other concerns discussed by the Committee were: the practical matter of removing the ability of obtaining a "general practitioner" license, the implication of "the intends to practice" language, the sufficiency/quality of one-year training before licensure, three years of training versus requiring a full residency, possible barriers for military residents, possible resistance to legislative changes, etc.

Ms. Swankin asked that it be noted that he had no position on the recommendation that came out of the May 11th meeting but that justification for this type of change was not evident. He encouraged the members to review the MOC produced by the American Boards of Medical Specialties (ABMS); he stated the ABMS document was a good model and that it, along with the FSMB's study on recertification (January 2009), supports the need for the focus to be on continuing competency.

With those concerns expressed, Dr. Dalton queried the Committee on what recommendations they had regarding moving forward on this issue. For the recommendation/motion made by the Committee members May 11th, Dr. Hensle suggested that the comments from this meeting be added for consideration before the Full Board. A motion to include the proposed changes below was made, seconded and passed with three affirmative votes, with Mr. Swankin abstaining.

**§54.1-2930. Requirements for admission to examination.**

4. Has completed ~~one year of satisfactory postgraduate training~~ a satisfactory residency in a hospital approved by an accrediting agency recognized by the Board. ~~for internships or residency training.~~

**§54.1-2935. Supplemental training or study required of certain graduates.**

In the event that a candidate has completed an educational course of study in an institution that is not approved by an accrediting agency recognized by the Board, the candidate shall not be admitted to any examination given by the Board until he has completed ~~two years~~ a satisfactory ~~postgraduate training~~ residency in a hospital approved by an accrediting agency recognized by the Board. ~~for internship or residency training.~~ The Board may consider other postgraduate training as a substitute for the required postgraduate training if it finds that such training is substantially equivalent to that required by this section.

**18VAC85-20-121. Educational requirements: Graduates of approved institutions**

B. Such an applicant for licensure in medicine, osteopathic medicine, or podiatry shall provide evidence of having completed ~~one year of~~ a satisfactory ~~postgraduate training as an intern or resident~~ residency in a hospital or health care facility offering approved internship and residency training programs when such a program is approved by an accrediting agency recognized by the board for internship and residency training.

**18VAC85-20-122. Educational requirements: Graduates and former students of institutions not approved by an accrediting agency recognized by the board.**

A.(5) Has ~~completed two years of satisfactory postgraduate training~~ satisfactorily completed a residency as an intern or resident in a hospital or health care facility

offering an approved internship or residency training program when such a program is approved by an accrediting agency recognized by the Board for internship and residency.

~~a. The board may substitute other postgraduate training or study for one year of the two-year requirement when such training or study has occurred in the United States or Canada and is:~~

~~(1) An approved fellowship program; or~~

~~(2) A position teaching medical students, interns, or residents in a medical school program approved by an accrediting agency recognized by the board for internship and residency training.~~

b. The board may substitute continuous full-time practice of five years or more with a limited professorial license in Virginia and ~~one year of postgraduate training~~ completion of residency in a foreign country. ~~in lieu of two years of postgraduate training.~~

This proposal will be presented in conjunction with the May 11th recommendation to the Full Board on June 25, 2009 by Dr. Dalton.

Next meeting date - TBA

With no other business to conduct, the meeting adjourned at 1:03 p.m.

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Claudette Dalton, MD, Chair

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William L. Harp, M.D.
Executive Director

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Colanthia M. Opher
Recording Secretary